Case 1:00-cv-02182-WWC	-J\/\\/Document_7Filed_02/22/20	001 Page 1 of 1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery	
item 4 if Restricted Delivery is desired.	2/11/01	. (
■ Print your name and address on the reverse so that we can return the card to you.	C. Signature	`
Attach this card to the back of the mailpiece,	Agent Addressee	
or on the front if space permits.	D. Is delivery address different from item 1? ☐ Yes	
1. Article Addressed to:	If YES, enter delivery address below: No	
Raymond J. Colleran, Supt.		
aymart	(
256, Route #6		
, Pa. 18472	3. Service Type	
	Certified Mail	mi .
	☐ Insured Mail ☐ C.O.D.	(\-UV-\)
	4. Restricted Delivery? (Extra Fee)	0100010
2. Article Number (Copy from service label) 5. C	acese once 00-2182 2/15/01 -	CV-00-218
7000 0520 0023 0166 2249 3	Cald . sturn Receipt /07.4. 102595-00-M-0952	Meditel
PS Form 3811, July 1999 Domestic Re	10/7.	
-9, τα. 1/104-2518 **		
	3. Service Type	
	Gertified Mail	
	☐ Registered ☐ Return Receipt for Merchandise	
	☐ Insured Mail ☐ C.O.D.	
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)	
PO 5 - 2014	_ Ji Cald	
PS Form 3811, July 1999 Domestic Re	turn Receipt 20/4 102595-00-M-0952	
so that we can return the card to you.	Agent September 1	Scote # Secret Scote
Attach this card to the back of the mailpiece, or on the front if space permits.	☐ Addressee	FILED
I. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	HARRISBURG, PA
" "Harrison". Her	ii 125, enter delivery address below.	FEB 2 2 2001
1		, ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1		MARY & CANONEA, CLERK
Innia Tillui T	3. Service Type	Par June
ncis Filipi, Deputy Attorney General	3. Service type ☐ Certified Mail ☐ Express Mail	The Control of the Co
or, Strawberry Square	☐ Registered ☐ Return Receipt for Merchandise	
urg, Pa. 17120	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label) 1000 0520 0023 0166 2343	Caus onch 00-2182 7/15/01	
PS Form 3811, July 1999 Domestic Retu	m Receipt 30/4 102595-00-M-0952	
we can return the card to you. an this card to the back of the mailpiece,	Agent Addressee	
on the front if space permits.	s delivery accommend from item 1? Yes	
1. Article Addressed to	If YES enter delivery address below.	
_		·
Michael Fisher, Pa. Attorney General		
13 Thoor, Strawberry Square	3. Service Type ☐ Certified Mail ☐ Express Mail	
Harrisburg, Pa. 17120	☐ Registered ☐ Return Receipt for Merchandise	
	☐ Insured Mail ☐ C.O.D. A Restricted Delivery? (Extra Fee) ☐ Yes	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label)	S. Callest an aly 00-2183 4149	
かいかい かちょい カロオガシナルタ オラレン		
PS Form 3811, July 1999 Domestic R	eturn Receipt 44 M 102595-00-M-0952	